

**Department of Developmental Services- CT**  
**Service Definition**  
**Assistive Technology**

**1. SERVICE TITLE**

**Assistive Technology**

Services/items are not covered by the Medicare or Medicaid State Plan, and are necessary to improve the individual's independence and inclusion in his or her community.

**2. SERVICE DEFINITION-** Maximum \$5,000 over five year waiver period.

This service purchased from a qualified provider/agency/vendor. (see section 6 Qualified Provider Requirements.)

An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants.

Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device.

Assistive technology includes:

- a) The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
- b) Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant;
- c) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- d) Training or technical assistance for the participant, or, where appropriate, the family members, or authorized representatives of the participant; and
- e) Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of the participant.

**3. SERVICE SETTINGS**

This service originates from the individual's home and is delivered in the community as described in the treatment/support plan in the person's Individual Plan.

**4. GENERAL SERVICE LIMITATIONS**

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Items available under the individual's medical insurance are excluded.

Maximum up to \$5000 for a 5 year period (waiver period).

Billed through Provider Contract or Self Directed Budget (IP6)

**5. SERVICE UTILIZATION AND AUTHORIZATION GUIDELINES**

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Request must be related to a need or goal identified in the approved Individual Plan (does not have to be all of these):

- a) Assistive Technology for the purpose of increasing independence or substituting for human assistance to the extent the expenditures would otherwise be made for that human assistance (for example: purchase of a microwave oven that would allow a person to cook their own meal rather than having a paid staff to prepare a meal);
- b) Promote opportunities for community living and inclusion;
- c) Are able to be accommodated within the participant's budget without compromising the participant's health or safety;
- d) Are provided to, or directed directly toward, the benefit of the participant;
- e) Are delivered in the individual's home, community, place of employment, or retirement location;

**6. QUALIFIED PROVIDER REQUIREMENTS- can be any one of the entities listed below:**

- Pharmacies: CT Dept. of Consumer Protection Pharmacy Practice Act: Regulations Concerning Practice of Pharmacy Section 20-175-4-6-7.
- Medicaid provider status for assistive technology and supplies or agency that obtains Medicaid performing provider status

Independent Contractors approved to provide services within CT must meet this criteria;

- Submit W-9
- Provider Agreement
- Certificate of Insurance
- Proof of Licensure
- Additional info maybe required such as a permit

**Entity responsible for Verification of Provider Qualification:**

The DDS or designee (such as provider or FI) will confirm qualification before payment.

**7. UNIT OF SERVICE AND METHOD OF PAYMENT**

The basis of payment for services is per item/service.

**8. RATE FOR SERVICE FOR QUALIFIED PROVIDER**

The rate for this service is up to \$5000 for a 5 year waiver period.

**Comp waiver 10-2013 to 9-2018**

**IFS waiver 2-2013 to 1-2018**

**EDS waiver 4-2016 to 3-2021**

**9. SERVICE DOCUMENTATION**

Documentation requirements are set at the time of the service authorization.

**10. HOW TO BECOME QUALIFIED**

See section 6 Qualified Provider Requirements.